# FORM D

UNITED STA SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

Y' 1	195	ОМВ

3235-0076 OMB Number:

April 30, 2008 Expires:

Estimated average burden

hours per response:

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

<u> </u>	SEC	USE ONL	Υ
Prefix			Serial
	DAT	E RECEIVE	D
	-		

16.00

GNIFORM LIMITED OFFERING EXEMPTION
185/6
Name of Offering (Dished of this is an amendment and name has changed, and indicate change.)
Goldman Sachs Strategic U.S. Long/Short Partners, Ltd.: Shares  Filing Under (Check boy(es) that apply):  Rule 504 Rule 505 Rule 506 Section 4(6) ULOE
Filing Onder (Check box(es) that apply).
Type of Filing:  New Filing  Amendment
A. BASIC IDENTIFICATION DATA
1. Enter the information requested about the issuer
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)
Goldman Sachs Strategic U.S. Long/Short Partners, Ltd. 07086365
Address of Executive Offices (Number and Street, City, State, Zip Code)
c/o Goldman Sachs Hedge Fund Strategies LLC, 701 Mount Lucas Road, Princeton, New Jersey 08540  (609) 497-5500
Address of Principal Business Operations (if different from Executive Offices)  (Number and Street, City, State Zin Code)  Telephone Number (Including Area Code)
Brief Description of Business DEC 3 1 2007
To operate as a private investment fund.
/ IHUMSUN
Type of Business Organization FINANCIAL
☐ corporation ☐ limited partnership, already formed ☐ other (please specify):
business trust limited partnership, to be formed Exempted Limited Company
Actual or Estimated Date of Incorporation or Organization:  Month Year  1 1 0 5  Actual  Estimated
Jurisdiction of Incorporation or Organization:  (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction )  F N

#### GENERAL INSTRUCTIONS

## Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File. U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

## ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collections of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (7-00)

2. Enter the information requested for the following:
<ul> <li>Each promoter of the issuer, if the issuer has been organized within the past five years;</li> </ul>
<ul> <li>Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securition of the issuer;</li> </ul>
<ul> <li>Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and</li> </ul>
Each general and managing partner of partnership issuers.
Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General and/or  Managing Partner
Full Name (Last name first, if individual)
Goldman Sachs Hedge Fund Strategies LLC (the Issuer's Investment Manager)
Business or Residence Address (Number and Street, City, State, Zip Code)
701 Mount Lucas Road, Princeton, New Jersey 08540
Check Box(es) that Apply: ☐ Promoter ☑ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or  Managing Partner
Full Name (Last name first, if individual)
Bernard Gordon Char Rem Unitrust UA DTD 12/19/86 R. Stewart & B. Gordon, TTEES
Business or Residence Address (Number and Street, City, State, Zip Code)
Neurologica, 14 Electronics Ave, Danvers, MA 01923-1011
Check Box(cs) that Apply: ☐ Promoter ☑ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or  Managing Partner
Full Name (Last name first, if individual)
The Walsh Foundation
Business or Residence Address (Number and Street, City, State, Zip Code)
929 West Adams, Chicago, IL 60607
Check Box(es) that Apply: ☐ Promoter ☑ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or  Managing Partner
Full Name (Last name first, if individual)
Windhover Foundation
Business or Residence Address (Number and Street, City, State, Zip Code)
N63W23075 State Hwy 74, Sussex, W1 53089
Check Box(es) that Apply:
Full Name (Last name first, if individual)
George Family Foundation
Business or Residence Address (Number and Street, City, State, Zip Code)
1818 Oliver Avenue South, Minneapolis, MN 55405
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☑ Director* ☐ General and/or *of the Issuer's Investment Manager Managing Partner
Full Name (Last name first, if individual)
Barbetta, Jennifer
Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Goldman Sachs Hedge Fund Strategies LLC, One New York Plaza, New York, New York 10004
Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director*  General and/or  *of the Issuer's Investment Manager  Managing Partner
Full Name (Last name first, if individual)
Clark, Kent A.
Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Goldman Sachs Hedge Fund Strategies LLC, One New York Plaza, New York, New York 10004
(Lies blank choot, or convend use additional conject of this species as necessary i

A. BASIC IDENTIFICATION DATA

2. Enter the in	formation reque	ested for the foll	lowin	g:						
				as been organized w						
of the	issuer;									of a class of equity securities
* Each 6	xecutive office	r and director of	f corp	orate issuers and of	corp	orate general and ma	anagi	ng partners	of par	tnership issuers; and
* Each	eneral and man	aging partner o	f part	nership issuers.	_					
Check Box(es) t		☐ Promoter				Executive Officer of the Issuer's Investigation				General and/or Managing Partner
Full Name (Last		ndividual)						. <u>.</u>	_	
Business or Res		(Number and	Stre	et, City, State, Zip C	Code)					
		nd Strategi <u>es</u> L	LC,	One New York Pla	za, N	ew York, New Yor	k 10	004		
Check Box(es) t		☐ Promoter		Beneficial Owner				Director		General and/or Managing Partner
Full Name (Last	name first, if it	ndividual)								
Business or Res	idence Address	(Number and	Stre	et, City, State, Zip (	Code)	•				
Check Box(es)	hat Apply:	☐ Promoter		Beneficial Owner		Executive Officer	۵	Director		General and/or Managing Partner
Full Name (Last	name first, if it	ndividual)						-		
Business or Res	idence Address	(Number and	d Stre	et, City, State, Zip (	Code)	)				
Check Box(es)	hat Apply:	☐ Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Las	name first, if it	ndividual)								
Business or Res	idence Address	(Number and	d Stre	et, City, State, Zip (	ode)	)				
Check Box(es)	hat Apply:	☐ Promoter		Beneficial Owner		Executive Officer	a	Director		General and/or Managing Partner
Full Name (Las	t name first, if i	ndívídual)	·							
Business or Res	idence Address	(Number and	d Stre	et, City, State, Zip	Code)	)				
Check Box(es)	that Apply:	☐ Promoter		Beneficial Owner		Executive Officer	0	Director		General and/or Managing Partner
Full Name (Las	t name first, if i	ndividual)							_	
Business or Res	idence Address	(Number and	d Stre	eet, City, State, Zip	Code	)				
Check Box(es)	that Apply:	☐ Promoter		Beneficial Owner	۵	Executive Officer		Director		General and/or Managing Partner
Full Name (Las	t name first, if i	ndividual)							·.	
Business or Re	sidence Address	s (Number an	d Str	ect, City, State, Zip	Code	)			_	
<del></del>		(Use blank	sheet,	or copy and use ad	ditior	nal copies of this she	et, as	necessary.	)	

A. BASIC IDENTIFICATION DATA

	•			B. INF	ORMAT	ON ABO	UT OFFE	RING				
	_ <u>_</u>				···.			_			Yes	No
1. Ha	s the issuer sol	d, or does th	e issuer inte	nd to sell, t	o non-accre	dited inves	ors in this o	offering?				Ø
			Α	nswer also	in Appendi	x, Column	2, if filing u	nder ULOE				
2. What is the minimum investment that will be accepted from any individual?											\$1,00	0,000*
*The Issuer, in its sole discretion, may accept subscriptions below the minimum.  3. Does the offering permit joint ownership of a single unit?											Yes ☑	No □
cor If a	ter the inform mmission or si a person to be states, list the roker or dealer	milar remune listed is an as name of the	eration for s ssociated pe broker or de	olicitation or rson or age caler. If mo	of purchase nt of a brok- ore than five	rs in connect er or dealer (5) person	tion with sa registered v s to be listed	vith the SEC	and/or with	th a state		
Full N	ame (Last nam	e first, if ind	ividual)									
Goldn	nan, Sachs & (	Co.	Number and	Street City	State Zin	Code)				<u>.                                      </u>		
Busine	ess of Resident	e Address (1	vuilloci allu	Succi, City	, state, zip	Couci						
85 Bro	oad Street, Ne	w York, Ne	w York 100	04						<del></del>		<del></del>
Name	of Associated	Broker or De	ealer									
States (Che	in Which Pers ck "All States"	on Listed Ha or check inc	s Solicited ( lividual Stat	es)	o Solicit Pu	rchasers					🗹 Al	l States
[AL	.] [AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	] [IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]		[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full N	ame (Last nam	ne first, if ind	lividual)									
											,	
Busine	ess or Residen	ce Address (1	Number and	Street, City	y, State, Zip	Code)						
Name	of Associated	Broker or De	ealer									•
States	in Which Pers	on Listed Ha	s Solicited	or Intends t	o Solicit Pu	rchasers			<del></del>			
(Che	ck "All States"	or check ind	dividual Stat	tes)			*****************					1 States
[AL	.] [AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
{iL	] [IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[M]	•	[NV]	[NH]	[N]]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RJ		[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[W1]	[WY]	[PR]
Full N	lame (Last nan	ne first, it inc	lividual)									
Busin	ess or Residen	ce Address (	Number and	Street, Cit	y, State, Zip	Code)						
Name	of Associated	Broker or D	ealer	<u> </u>								
	in Which Perseck "All States"											l All States
`		[AZ]	(AR)	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[AI] [IL]	= -	[AZ] [IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[M	-	[NV]	[NH]	[K1]	[MM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI		[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

[TN] [TX] [UT] [VT] [VA] [WA] [WV]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PRO	ومرييس

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\sigma\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security		Aggregate Offering Price		Amount Already Sold
	Debt	\$	0	\$	0
	Equity (Shares)	s —	13,250,000	\$	13,250,000
	Equity (Snares) ☐ Preferred				<u>-</u>
	Convertible Securities (including warrants)	\$	0	\$	0
			0	-	0
	Partnership Interests	\$ \$		\$	
	Other (Specify)	_			13,250,000
	Total	<b>\$</b> _	13,250,000	3	13,230,000
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				Acquants
			Number Investors		Aggregate Dollar Amount of Purchases
	Accredited Investors	_	11	\$	13,250,000
	Non-accredited Investors		0	\$	0
	Total (for filings under Rule 504 only)		N/A	\$	N/A
	Answer also in Appendix, Column 4, if filing under ULOE.	_			<u> </u>
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.		Type of		Dollar Amount
	Type of offering		Security		Sold
	Rule 505	_	N/A	\$	N/A
	Regulation A	_	N/A	\$	N/A
	Rule 504	_	N/A	\$	N/A
	Total	_	N/A	\$	N/A
t t	i.a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of the expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees			\$	0
	Printing and Engraving Costs			\$	0
	Legal Fces		Ø	\$	30,378
	Accounting Fees			\$	0
	Engineering Fees			\$	0
	Sales Commissions (specify finders' fees separately)		0	\$	0
	Other Expenses (identify)			\$	0
	Total		Ø	\$	30,378

	C. OFFERING PRICE, NUM	IBER OF INVESTORS, EX	PENSI	ES A	ND USE OF PE	ROCE	EDS	
	b. Enter the difference between the aggregate of Question 1 and total expenses furnished in r difference is the "adjusted gross proceeds to the	offering price given in response to esponse to Part C - Question 4.	Part C a. Thi	S S		\$_		13,219,622
5.	Indicate below the amount of the adjusted gross to be used for each of the purposes shown. If t furnish an estimate and check the box to the payments listed must equal the adjusted gross p to Part C - Question 4.b. above.	he amount for any purpose is not left of the estimate. The tota	known of the	ı, e				
	•				Payments to Officers, Directors, & Affiliates			Payments To Others
	Salaries and Fees			\$_	0		<b>\$</b> _	0
	Purchase of real estate			\$_	0		<b>\$</b> _	0
	Purchase, rental or leasing and installation of m	achinery and equipment		\$_	0		\$	0
	Construction or leasing of plant buildings and fa			\$_	0		<b>\$</b> _	0
	Acquisition of other businesses (including the this offering that may be used in exchange another issuer pursuant to a merger)	for the assets or securities of		•	0		\$	0
				• -	0		° –	0
	Repayment of indebtedness			, _		-	- پ	0
	Working capital			\$_			3 -	····
	Other (specify): Investment Capital			\$ _	0	_ 🗹	<b>\$</b> -	13,219,622
	Column Totals			\$_	0	_ 🗹	<b>\$</b> _	13,219,622
	Total Payments Listed (column totals added)		,,		☑ \$	13,2	19,62	2
		D. FEDERAL SIGNATU	JRE					
f	The issuer has duly caused this notice to be signallowing signature constitutes an undertaking by f its staff, the information furnished by the issuer	the issuer to furnish to the U.S.	Securiti	ies ar	d Exchange Comr	nission,	upon	written request
Iss	uer (Print or Type) Sig	gnature			Date			
	ldman Sachs Strategic U.S. Long/Short rtners, Ltd.	Lay			December 4, 2	2007		
Na	me of Signer (Print or Type)	tle of Signer (Print or Type)						

ATTENTION

Vice President of the Issuer's Investment Manager

Kathryn Pruess

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001).

